

Advisory Committee

Composition: 15 Members

Five schools - one member from each type of school:

- Degree granting
- Non-degree granting (Not subject to the Maxine Waters provisions)
- Non-degree granting (Subject to the Maxine Waters provisions)
- Registered Institutions
- Small Schools

Five student advocates:

- No more than two legal advocates
- At least three students from regulated schools

Three employers

- One from a technology industry
- Two other types of employers

Two representatives from the regulatory Boards:

- Either Executive Officer or Board Members of the regulatory Boards of DCA or other State regulatory agencies

Special School Advisory Committees

Composition: 5-7 Members

- One committee for each type of school
- One of the members on each type of committee shall be the appropriate committee member from the Advisory Committee

Specialty Committees

Composition: 5-7 Members

- Fee Schedule
- Registered Institutions
- “High Performance” Schools
- Streamlined Application Process
- Citation and Fine Regulations



Bureau for Private Postsecondary and Vocational Education
Application for Committee Member

To: All Interest Parties

If you are interested in serving on one of the Bureau's committees, please complete and return the attached application form.

Please follow these instructions when completing the application form:

1. The information requested should be typed in the spaces provided on the application form. You must explain your answers to questions when requested by providing attachments. The attachments must be numbered according to the question asked.
2. The application form must be signed, dated and completed in full, You should also augment your application by attaching your resume.
3. Your completed application form and all attachments must be stapled together and submitted to:

Department of Consumer Affairs
400 "R" Street, Suite 3000
Sacramento, CA 95814

Sincerely,

RON JOSEPH
Acting Director

Attachments



Bureau for Private Postsecondary and Vocational Education
Application for Committee Member

Mr. Mrs. Miss	First	Middle	Last	SSN#
Type of Position Sought				
- Advisory Committee				
School Representative	Degree Granting	Non-degree Granting (Not subject to Maxine Waters provisions)	- Non-degree Granting (Subject to Maxine Waters provisions)	
		- Registered Institution	- Small School	
- Student Advocate	- Legal Advocate	- Student from Regulated School		
- Employer Representative	Specify Type of Industry:			
- Regulatory Board Representative	Name of Board/Agency:			
- Special School Advisory Committee				
Representative Of:	Degree Granting	Non-degree Granting (Not subject to Maxine Waters provisions)	- Non-degree Granting (Subject to Maxine Waters provisions)	
	- Registered Institution	- Small School		
- Special Technical Committee				
- Establish Fee Schedule		Specify Type of School:		
- Establish "High" Performance School Requirements		Specify Type of School:		
- Establish Registered Institutions Requirements		Specify Type of School		
- Establish Streamlined Application Process		Specify Type of School		
- Reestablish Citation and Fine Program		Specify Type of School		
- Other: (Please specify)		Specify Type of School		

Personal Information		
Last Name	Date of Birth	Driver's License #:
Spouse's Name		Gender Male Female
Residence Address (Street, City, State, ZIP)		Phone #: FAX #: E-Mail Address:
Name of Company/Business		Title of Your Position
Business Address (Street, City, State, ZIP)		Phone #: FAX #: E-Mail Address:
Background Information		
Work Experience (Current to the last 10 years)		
Name and Address of Employer:	Type of Business and Position Title:	Employment Dates (From and To)
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Educational History:		
College/Graduate School & Location:	Degree/Major	Attendance Dates (From and To)
College/Graduate School & Location:	Degree/Major	Attendance Dates (From and To)
Professional Licenses and Certificates		
License/Certificate Type:	Issuing Agency:	Date Issued:
License/Certificate Type:	Issuing Agency:	Date Issued:

Please answer the following questions below and when additional information or an explanation is requested, please provide attachments appropriately numbered to reference the question.

#1	Yes	No	Are you a citizen of a country other than the United States? If yes, please list country.
#2	Yes	No	Do you have a spouse who is currently an employee or appointee of an entity with the DCA? If yes, what is the entity, location and title.
#3	Yes	No	Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation or ordinance (including traffic violations for which a fine of \$100.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs? If yes, please explain.
#4	Yes	No	Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.
#5	Yes	No	Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain.

QUESTIONS 6-9 MUST BE COMPLETED BY APPLICANTS WHO WISH TO REPRESENT SCHOOLS

#6	Yes	No	Does the institution, or an owner, person in control, director, or officer have unpaid financial liabilities involving the improper acquisition, use, expenditure, or refund of state or federal financial aid funds? If yes, please explain.
#7	Yes	No	Has the owner, person in control, director, or officer of the institution owned or served as a director or officer of an institution that is now closed? If yes, please explain.
#8	Yes	No	Has the owner, person in control, director, or officer of the institution had the capacity, directly or indirectly, to direct or influence the management, policies and conduct of an institution that is now closed? If yes, please explain.
#9	Yes	No	Does the owner, person in control, director or officer of the institution owe full refunds or compensation for actual damage to students resulting from the closure of an institution? If yes, please explain.

Please explain why you wish to serve on the committee for which you are applying.

Date: _____

By: _____

Applicant's Signature

Bureau for Private Postsecondary and Vocational Education

Recruiting for Student Advocates

The Bureau for Private Postsecondary and Vocational Education is recruiting for Student Advocates to represent students of your institution on the Bureau's Advisory Committee.

The Bureau requests that students of your institution nominate a student to represent your institution. The nomination should be submitted to:

**Department of Consumer Affairs
400 "R" Street, Suite 3000
Sacramento, CA 95814**

There are only three positions available on the Committee. Therefore, only one student from each institution will be considered. Positions will be filled during the month of January, so please submit your nominations as soon as possible.

**MARJORIE M. BERTE
Director, Department of
Consumer Affairs**

